

# **DISCLOSURE**

## **FOR DIVORCE OR LEGAL SEPARATION WITH CHILDREN**

### **YOU CAN USE THIS PACKET IF ALL THIS IS TRUE:**

- A Petition and Response have been filed in your court case for divorce or legal separation with children.

Before signing a court document or getting involved with a court case, it's important to see an attorney to make sure you understand your legal rights and responsibilities. The Self-Help Center has information on finding an attorney.

## INSTRUCTIONS

**STEP 1: BY 40 DAYS AFTER THE RESPONSE IS FILED:  
COMPLETE STEPS 2 THROUGH 6**

**If you have a Resolution Management Conference or Temporary Orders hearing scheduled:** Make sure you complete Steps 2 through 6 by the deadlines listed in the court order that scheduled your court date.

**STEP 2: MEET WITH THE OTHER PARTY, IN PERSON OR BY PHONE, AND  
TRY TO AGREE ON THE ISSUES IN THE CASE**

**If there has been domestic violence between you and other party:** Skip this step.

**STEP 3: FILL OUT THE PROPOSED RESOLUTION STATEMENT**

**STEP 4: IF YOU OR YOUR SPOUSE 1) ASKED FOR SPOUSAL SUPPORT OR  
2) DISAGREE ABOUT CHILD SUPPORT:  
FILL OUT THE AFFIDAVIT OF FINANCIAL INFORMATION**

Otherwise, skip this form.

**STEP 5: FILL OUT THE DISCLOSURE STATEMENT**

**STEP 6: FILE THE FORMS – BUT NOT THE ATTACHMENTS – WITH THE  
COURT**

File the following with the court:

- ☐ Proposed Resolution Statement
- ☐ Disclosure Statement – but do not file any attachments (like bank statements and W-2 forms)

Take or mail the original and two copies to the Clerk's Office in the Coconino County Courthouse at 200 N. San Francisco St., Flagstaff, AZ 86001.

The Clerk will stamp your copies with the filing date and return them to you for your records. If you file by mail, include a self-addressed, stamped envelope and a note asking the Clerk to return the date-stamped copies to you.

**STEP 7: DELIVER THE FORMS TO THE OTHER PARTY**

Mail or hand-deliver the following to the other party (if the other party has an attorney, deliver them to the attorney):

- ☐ A copy of the Proposed Resolution Statement

- [ ] A copy of the Disclosure Statement, with any attachments
- [ ] Affidavit of Financial Information, if applicable

**STEP 8: IF YOU AND THE OTHER PARTY COME TO AGREE ON EVERYTHING:  
USE THE LAW LIBRARY PACKET CALLED *CONSENT DECREE***

**STEP 9: IF YOU AND THE OTHER PARTY STILL DO NOT AGREE ON EVERYTHING:  
USE THE LAW LIBRARY PACKET CALLED *FINISHING A CASE: A RESPONSE WAS FILED: THE OTHER PARTY WON'T SIGN***

Person Filing: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Representing Self \_\_\_\_\_

**SUPERIOR COURT OF ARIZONA, COUNTY OF COCONINO**

Petitioner's Name on the Petition for divorce, Case Number: DO \_\_\_\_\_  
legal separation, or parenting time: \_\_\_\_\_

**PROPOSED RESOLUTION**  
**STATEMENT**

Respondent's Name: \_\_\_\_\_

☐ **DIVORCE/SEPARATION**  
☐ **PARENTING TIME/LEGAL  
DECISION-MAKING**

I am the ☐ Petitioner or ☐ Respondent.

**TITLE IV-D CASE:**

- ☐ I and/or my children receive or have received public assistance that may include AFDC, TANF, or AHCCCS.  
☐ I have a case with the Division of Child Support Enforcement.

**MINOR CHILDREN:**

The following children are under 18, or are 18 and in high school, and are my and the other party's biological or adopted children:

Name:	Birthdate:	Age:
_____	_____	_____
_____	_____	_____
_____	_____	_____

**LEGAL DECISION-MAKING ABOUT THE CHILDREN:**

I want legal decision-making as follows.

- ☐ The other party agrees.

☐ **Joint Legal Decision-Making:** Award the parents joint legal decision-making about the children as stated in the Joint Legal Decision-Making Agreement we signed. No significant domestic violence has occurred between the parties. ☐ The Joint Legal Decision-Making Agreement is attached or ☐ the Joint Legal Decision-Making Agreement dated \_\_\_\_\_ was filed previously.

☐ **Sole Legal Decision-Making:** Award ☐ Mother or ☐ Father sole legal decision-making about the children. Joint legal decision-making is not in the children's best interest because *(you must fill in this blank if you ask for sole legal decision-making)*:

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**CHILDREN'S PRIMARY RESIDENCE:**

- ☐ Children will live mostly with Mother.  
☐ Children will live mostly with Father.  
☐ Children will live equally with Mother and Father.

**PARENTING TIME:**

I want parenting time as follows.

- ☐ The other party agrees.

☐ **Order This Parenting Time Plan:**

The children will be in Father's care at these times:

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At the start of Father's time with the children, ☐ Mother will drop them off or ☐ Father will pick them up at this time: \_\_\_\_\_ at this location: \_\_\_\_\_

The children will be in Mother's care at these times:

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At the start of Mother's time with the children, ☐ Father will drop them off or ☐ Mother will pick them up at this time: \_\_\_\_\_ at this location: \_\_\_\_\_

While we understand the court may enforce this drop-off and pick-up schedule, we will be reasonably flexible about it.

Other scheduling arrangements:

- ☐ During summer months or school breaks longer than four days not listed in the holiday schedule below, the children will be in ☐ Mother's or ☐ Father's care.
- ☐ We each are entitled to an annual \_\_\_\_\_-week vacation with the children. We will work out the details of the vacation at least \_\_\_\_\_ days in advance.
- ☐ Neither parent will travel with the children outside Arizona for longer than \_\_\_\_\_ days without the prior written consent of the other parent or order of the court.

We will inform each other of plans to travel out of the area with the children and of addresses and phone numbers where we and children can be reached during travel.

Holidays:

	Even Years		Odd Years	
	Mother	Father	Mother	Father
New Year's Eve	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
New Year's Day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spring Vacation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Easter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Passover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 <sup>th</sup> of July	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Halloween	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Veteran's Day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thanksgiving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hanukkah	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Christmas Eve	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Christmas Day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Winter Break	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Children's Birthdays	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- ☐ Mother will have the children on Mother's Day and Father will have the children on Father's Day.
- ☐ Each parent will have the children on that parent's birthday.
- ☐ On three-day weekends, which include Martin Luther King Day, President's Day, Memorial Day, Labor Day, and Columbus Day, the children will remain in the care of the parent who has them for the weekend.

Holiday times will begin and end as follows: \_\_\_\_\_

Phone access:

- ☐ Each parent may contact the children by phone during the children's normal waking hours.
- ☐ Other: \_\_\_\_\_

Religion:

- ☐ Each parent may take the children to a place of worship of that parent's choice while the children are in that parent's care.
- ☐ The children may be instructed in the following faith: \_\_\_\_\_
- ☐ Religious arrangements do not apply to this Plan.

Communicating with each other: We will communicate with each other about the children ☐ by phone ☐ by email ☐ by text ☐ in person at least every \_\_\_\_\_ days.

We may change the parenting plan by written agreement only, except in an emergency.

Reviewing the plan: We will review this Plan every \_\_\_\_\_ months and ask the court for any necessary or desired changes.

Other: \_\_\_\_\_

**☐ Order Supervised Parenting Time:**

Unsupervised parenting time would endanger the children's physical, mental, moral, or emotional health because:

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Parenting time may take place only in the presence of another person, named as follows:

Other restrictions on parenting time:

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The cost of supervised parenting time, if any, will be paid ☐ by the parent being supervised or ☐ by the custodial parent or ☐ equally by both parties.

**☐ Order No Parenting Time:**

Even supervised parenting time with the other parent would endanger the children's physical, mental, moral, or emotional health because:

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**CHILD SUPPORT:**

**Parent's Worksheet for Child Support Amount:** ☐ The attached Worksheet or ☐ the Worksheet dated \_\_\_\_\_, filed previously, shows the financial factors necessary to calculate child support under the Arizona Child Support Guidelines.

☐ The other party agrees.

**Past Support:** Past support should be paid by ☐ Mother or ☐ Father for the period of \_\_\_\_\_ through \_\_\_\_\_ in the amount of \$\_\_\_\_\_.

☐ The other party agrees.

**Medical, Dental, Vision Care for Minor Children:**

Mother should be responsible for providing ☐ medical ☐ dental ☐ vision care insurance.

Father should be responsible for providing ☐ medical ☐ dental ☐ vision care insurance.

☐ Insurance is not available to either parent at a reasonable cost. So, ☐ mother ☐ father should pay \$\_\_\_\_\_ a month to the other parent for medical support.

For Parenting Time/Paternity Cases:

**Direct Payments:** I ☐ received or ☐ paid direct payments for support for the period of \_\_\_\_\_ through \_\_\_\_\_ in the amount of \$\_\_\_\_\_

**Past Medical Expenses:** ☐ Mother or ☐ Father should pay the other party \$\_\_\_\_\_ for the cost of pregnancy, childbirth, and/or the children's past medical expenses.

☐ The other party agrees.

**TAX EXEMPTIONS:**

I want our income tax dependency exemptions divided as follows.

☐ The other party agrees.

Parent Entitled to Claim:

Me	My Spouse	Child's Name	Tax Years
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

**SPOUSAL SUPPORT (for Divorce and Separation cases only):**

I want spousal support as follows.

☐ The other party agrees.

☐ Neither party is entitled to spousal support.

☐ Award ☐ me or ☐ my spouse \$\_\_\_\_\_ per month in spousal support from the other party beginning the first day of the month after the Decree is signed. Order that payments be made by the first day of each month thereafter and continue until the receiving party is remarried or deceased or until \_\_\_\_\_, whichever is sooner.

**PROPERTY AND DEBTS (for Divorce and Separation cases only):**

Community property and debts should be divided and separate property and debts should be confirmed as listed ☐ below ☐ in the Petition ☐ in the Response.

☐ The other party agrees.



	Value	Petitioner	Respondent
<b>Community Property:</b>			
Real Estate:			
Address: _____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
Legal Description: _____			
Address: _____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
Legal Description: _____			
Bank Accounts:			
<i>Enter the name on the account and the account description (for example, "savings").</i>			
_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
Motor Vehicles:			
Make: _____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
Model: _____			
Lienholder: _____			
Last Four Digits of VIN: _____			
Make: _____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
Model: _____			
Lienholder: _____			
Last Four Digits of VIN: _____			
Employment Benefits:			
<i>Examples: 401K, retirement accounts, pensions.</i>			
<i>Enter name on the account and the fund name.</i>			
_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>

**Other Community Property:**

☐ The parties have already divided all remaining property, and the court confirms that division, except as follows.

	Value	Me	My spouse
Household Furniture and Appliances:			
_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
Other:			
_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>

	Value	Me	My spouse
_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>

**Community Debts:**

*Enter the name on the account, creditor, and description  
(for example, "credit card").*

_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>

**Separate Property:**

_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>

**Separate Debts:**

_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>

Each party shall pay all debts unknown to the other party. Each party shall pay his or her debts forward from the date the Petition was served on Respondent. This Decree can be used as a transfer of title and can be recorded. Parties shall sign all documents necessary to complete all transfers of title ordered in this Decree, such as for motor vehicles, houses, and bank accounts. The parties shall transfer all real and personal property to the other party as ordered within 10 calendar days after the judge signs the Decree.

**ATTORNEY'S FEES:**

If the case is settled today, I want the court to order attorney's fees as follows.

☐ The other party agrees.

☐ Each party to pay his or own attorney's fees and costs.

☐ Petitioner to pay the other party \$\_\_\_\_\_ for attorneys' fees and costs within \_\_\_\_\_ days.

☐ Respondent to pay the other party \$\_\_\_\_\_ for attorneys' fees and costs within \_\_\_\_\_ days.

**NAME CHANGE:**

**Restoration of Former Name (for Divorce cases only):**

Restore me to my former name of \_\_\_\_\_

**Children's Name Change (for Paternity cases only):**

I want the following name changes.

- ☐ The other party agrees.
- ☐ Order that Father's name be added to each child's birth certificate. If the children's birth certificates already list the name of a father other than Father, order that the name be changed to Father's name.
- ☐ Order each child's last name changed to Father's last name and a new birth certificate issued for each child showing the new name.

**OTHER ISSUES:**

I believe the following other issues must be resolved to fully settle this case:

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**SETTLEMENT:**

I understand I am required to meet with the other party (and their attorney, if they have one) at least five days before my court date to try to come to as many agreements as possible. We are not required to meet if there is a protective order or a significant history of domestic violence between us. The above statements are true based on my best information and belief and I am willing to settle and resolve this case based on that information. I will be prepared to show documentation to support my position at the time of the conference or hearing.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Name of Person Filing: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Representing Self \_\_\_\_\_

**SUPERIOR COURT OF ARIZONA, COUNTY OF COCONINO**

Petitioner's Name on the Petition that started this case: \_\_\_\_\_ Case Number: DO \_\_\_\_\_

**AFFIDAVIT OF FINANCIAL  
INFORMATION**

Respondent's Name: \_\_\_\_\_

I am the ☐ Petitioner or ☐ Respondent

**INSTRUCTIONS:**

**DON'T LEAVE ANYTHING BLANK:** If a question doesn't apply, write "NA" for "not applicable".  
If you don't know the answer or are guessing, say that.

Round all amounts to the nearest dollar.

If there's not enough room for your answers, attach more paper.

After completing the form, **file the following with the court:**

- ☐ Affidavit of Financial Information
- ☐ Copies of your two most recent pay stubs
- ☐ If you're court-ordered to pay child support or arrears for children of other relationships: Proof of your payments over the last 12 months

And **give copies of the following to the other party:**

- ☐ Affidavit of Financial Information and any attachments
- ☐ Proof of your year-to-date income from all sources, including your two most recent pay stubs
- ☐ Complete copies of your federal income tax returns for the last three years with all schedules and attachments
- ☐ Your W-2 and 1099 forms from all sources of income for the last three years
- ☐ If you are self-employed, a member of a partnership, or a shareholder of a closely held corporation: Complete copies of the business federal income tax returns for the last three years with all schedules and attachments

Are you sending copies of the items listed above to the other party? ☐ Yes ☐ No. If No, why not?

**OATH:**

I've read this Affidavit. The facts and financial information in it are true and correct. I understand that it might be perjury if I list false information. I understand that if I leave anything blank or list wrong information, the judge might order sanctions against me, including fees and expenses under Rule 31, Arizona Rules of Family Law Procedure.

Date: \_\_\_\_\_ My Signature: \_\_\_\_\_

**GENERAL INFORMATION:**

My Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Current Address: \_\_\_\_\_

Last date that I and the other party lived together: \_\_\_\_\_

*For married or divorced parties:*

Date of Our Marriage: \_\_\_\_\_

Our divorce is ☐ pending or ☐ final. If final: Date of Divorce: \_\_\_\_\_

**Children:** These are all the children who are under 18 and are my and the other party's biological or adopted children:

Name	Birthdate	Last 4 Digits of Social Security Number

**Household:** These are all the people who live in my household:

Name	Relationship to Me	Birthdate	Gross Monthly Income

**Other People I Support:** These are all other people who I support and who are not already listed above:

Name	Relationship to Me	Age	Lives with Me? (Y/N)	I'm Court-Ordered to Support Them? (Y/N)

**Attorney's Fees:** Attorney's fees I've paid in this case: \$ \_\_\_\_\_

Where I got the money to pay those fees: \_\_\_\_\_

**Employment:**

My job/occupation/profession/title: \_\_\_\_\_

My current employer's name: \_\_\_\_\_

Current employer's address: \_\_\_\_\_

Date current employment began: \_\_\_\_\_

How often I'm paid: ☐ Weekly ☐ Every other week ☐ Monthly ☐ Twice a month

☐ Other: \_\_\_\_\_

If I'm not working, it's because: \_\_\_\_\_

Previous employer's name: \_\_\_\_\_

Previous employer's address: \_\_\_\_\_

Previous job/occupation/profession/title: \_\_\_\_\_

Date previous job began: \_\_\_\_\_ Date previous job ended: \_\_\_\_\_

Why I left previous job: \_\_\_\_\_

Gross monthly pay at previous job: \$ \_\_\_\_\_

Total gross income from last three years' tax returns:

Year \_\_\_\_\_ \$ \_\_\_\_\_ Year \_\_\_\_\_ \$ \_\_\_\_\_ Year \_\_\_\_\_ \$ \_\_\_\_\_

My total gross income from January 1 of this year to the date of this Affidavit: \$ \_\_\_\_\_

**Education/Training:**

	School Name	# of Years There	Last Year There	Degree Earned
High School				
College				
Post-Graduate				
Occupational Training				

**INCOME:**

**Gross Monthly Income:**

***What to list:*** List all income you receive from any source, whether private or governmental, taxable or not. List all income payable to you individually and all non-wage income payable jointly to you and your spouse.

***Monthly average:*** Use a monthly average for items that change from month to month.

***Monthly total for weekly or biweekly income:*** Multiply weekly income by 4.33 to get the monthly total. Multiply income received every other week by 2.165 to get the monthly total.

Gross monthly salary/wages ..... \$ \_\_\_\_\_

Rate of Pay: \$ \_\_\_\_\_ per ☐ hour ☐ week ☐ month ☐ year

Expenses my employer pays for:  
*Include all amounts your employer reimburses you for, including travel for work and to distant job sites, per diem, and living expenses for time spent at another job site.*

    Automobile provision or allowance..... \$ \_\_\_\_\_

    Auto expenses, such as gas, repairs, and insurance ..... \$ \_\_\_\_\_

    Lodging ..... \$ \_\_\_\_\_

    Other (explain): \_\_\_\_\_ \$ \_\_\_\_\_

Commissions/Bonuses ..... \$ \_\_\_\_\_

Tips ..... \$ \_\_\_\_\_

Self-employment income ..... \$ \_\_\_\_\_

Social Security benefits..... \$ \_\_\_\_\_

Worker's compensation and/or disability income ..... \$ \_\_\_\_\_

Unemployment compensation ..... \$ \_\_\_\_\_

Gifts/Prizes..... \$ \_\_\_\_\_

Spousal support (alimony) payments from a previous marriage ..... \$ \_\_\_\_\_

Rental income (net after expenses) ..... \$ \_\_\_\_\_

Contributions to household living expenses by others ..... \$ \_\_\_\_\_

Other (explain): *Include dividends, pensions, interest, trust income, annuities, etc.* \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

**Total Gross Monthly Income: \$ \_\_\_\_\_**

Monthly child support I receive for my children from other relationships who live with me:  
 \$ \_\_\_\_\_

**Self-Employment:**

***Fill out this section if: Fill out this section only if you are self-employed, a member of a partnership, or a shareholder of a closely held corporation.***

Business name: \_\_\_\_\_

Business address: \_\_\_\_\_

Business phone number: \_\_\_\_\_

Type of business entity: \_\_\_\_\_

State and date of incorporation/formation: \_\_\_\_\_

Nature of my interest: \_\_\_\_\_

Nature of business: \_\_\_\_\_

Percent ownership: \_\_\_\_\_

Number of shares of stock: \_\_\_\_\_

Total issued and outstanding shares: \_\_\_\_\_

Gross sales/revenue over the last 12 months: \_\_\_\_\_

**EXPENSES:**

**Monthly Expenses for Children We Have in Common:**

*Fill out this section if: Fill out this section only if you and the other party have biological or adopted children together under age 18 or 18 and still in high school.*

*What to list: List only expenses that you pay yourself for those children.*

*Future expenses: If you list an expense you think you'll have in the future but don't have now, put an asterisk (\*) next to the amount.*

**Health Insurance:**

Total monthly cost ..... \$\_\_\_\_\_

Premium cost to insure just me and not the children: \$\_\_\_\_\_

Premium cost to insure just the children and not me: \$\_\_\_\_\_

*You must list these premium costs. You can get them from your Human Resources Department.*

Names of all people covered by my insurance:

\_\_\_\_\_  
Name of insurance company and Policy/Group Number:

\_\_\_\_\_  
Do you have health insurance available to you? ☐ Yes ☐ No

If Yes, are you enrolled in that insurance? ☐ Yes ☐ No

**Dental/Vision Insurance:**

Total monthly cost ..... \$\_\_\_\_\_

Premium cost to insure just me and not the children: \$\_\_\_\_\_

Premium cost to insure just the children and not me: \$\_\_\_\_\_

*You must list these premium costs. You can get them from your Human Resources Dept.*

Names of all people covered by my insurance:

\_\_\_\_\_  
Name of insurance company and Policy/Group Number:



**Unreimbursed Medical And Dental Expenses:**

*This is the cost to you that insurance doesn't reimburse.*

Co-payments ..... \$ \_\_\_\_\_  
Drugs and medical supplies ..... \$ \_\_\_\_\_  
Other (*explain*): ..... \$ \_\_\_\_\_

<b>Total A: Total Of Health Insurance, Dental/Vision Insurance, And Unreimbursed Medical And Dental Expenses: .....</b>	<b>\$ _____</b>
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**Employer Pretax Program:**

Do you participate in an employer program for pretax payment of child care expenses ("Cafeteria Plan")? ☐ Yes ☐ No

**Child Care Costs:**

Total monthly child care costs (*do not include amounts that DES pays*) ..... \$ \_\_\_\_\_  
Names of children receiving child care and cost per child:

Name: \_\_\_\_\_ \$ \_\_\_\_\_  
Name: \_\_\_\_\_ \$ \_\_\_\_\_  
Name: \_\_\_\_\_ \$ \_\_\_\_\_  
Name: \_\_\_\_\_ \$ \_\_\_\_\_

Child care providers:

Name	Address

**Extraordinary Expenses:**

Monthly amount of extraordinary expenses for gifted or handicapped children (*explain*): ..... \$ \_\_\_\_\_

<b>Total B: Total Of Child Care Costs and Extraordinary Expenses .....</b>	<b>\$ _____</b>
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**Monthly Expenses From Other Relationships:**

**Court-Ordered Support For Children Of Other Relationships:**

These are all the children under age 18, or 18 and still in high school, who I support or who live with me and who are not the other party's children:

Name	Relationship to Me

Monthly amount of child support I'm court-ordered to pay for children of other relationships ..... \$\_\_\_\_\_

Monthly amount of arrears I'm court-ordered to pay for children of other relationships ..... \$\_\_\_\_\_

Monthly amount of that child support and those arrears that I actually paid over the last 12 months: \$\_\_\_\_\_

**Court-Ordered Spousal Support (Alimony) From Previous Marriages:**

Monthly amount of court-ordered spousal support I actually pay to spouses from previous marriages ..... \$\_\_\_\_\_

<b>Total C: Total Of Expenses From Other Relationships ..... \$_____</b>
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**My Monthly Expenses:**

**Fill out this section if:** Fill out the "My Monthly Expenses" section only if either party asked for any of the following:

- spousal support
- temporary division of bills
- attorney's fees and costs
- deviation from the child support guidelines
- enforcement of previous court orders

**What to list:** List your own expenses. Do not list expenses for the other party or for children who live with the other party unless you are paying those expenses yourself.

**Monthly average:** Use a monthly average for items that change from month to month.

**Future expenses:** If you list an expense you think you'll have in the future but don't have now, put an asterisk (\*) next to the amount.

**Housing:**

House payment:  
First mortgage ..... \$ \_\_\_\_\_  
Second mortgage..... \$ \_\_\_\_\_  
Homeowners association fee..... \$ \_\_\_\_\_  
Rent ..... \$ \_\_\_\_\_  
Repair and upkeep..... \$ \_\_\_\_\_  
Yard work/Pool/Pest control..... \$ \_\_\_\_\_  
Insurance and taxes not included in house payment..... \$ \_\_\_\_\_  
Other (*explain*): \_\_\_\_\_ \$ \_\_\_\_\_

**Total Housing Expenses: \$ \_\_\_\_\_**

**Utilities:**

Water, sewer, and garbage ..... \$ \_\_\_\_\_  
Electricity ..... \$ \_\_\_\_\_  
Gas ..... \$ \_\_\_\_\_  
Telephone..... \$ \_\_\_\_\_  
Mobile phone/pager ..... \$ \_\_\_\_\_  
Internet provider..... \$ \_\_\_\_\_  
Cable/Satellite television ..... \$ \_\_\_\_\_  
Other (*explain*): \_\_\_\_\_ \$ \_\_\_\_\_

**Total Utilities Expenses: \$ \_\_\_\_\_**

**Food:**

Food, milk, and household supplies..... \$ \_\_\_\_\_  
School lunches ..... \$ \_\_\_\_\_  
Meals outside the home ..... \$ \_\_\_\_\_

**Total Food Expenses: \$ \_\_\_\_\_**

**Clothing:**

Clothing for me ..... \$ \_\_\_\_\_  
Uniforms or special work clothes ..... \$ \_\_\_\_\_  
Clothing for children living with me ..... \$ \_\_\_\_\_  
Laundry and dry-cleaning ..... \$ \_\_\_\_\_

**Total Clothing Expenses: \$ \_\_\_\_\_**

**Transportation:**

Car insurance ..... \$ \_\_\_\_\_  
These are all the cars and people covered by that insurance:  
\_\_\_\_\_  
\_\_\_\_\_  
Car payment ..... \$ \_\_\_\_\_  
Car repair and maintenance ..... \$ \_\_\_\_\_  
Gas and oil ..... \$ \_\_\_\_\_  
Bus fare/parking fees ..... \$ \_\_\_\_\_  
Other (*explain*): ..... \$ \_\_\_\_\_

**Total Transportation Expenses:** \$ \_\_\_\_\_

**Miscellaneous:**

School and school supplies ..... \$ \_\_\_\_\_  
School activities or fees ..... \$ \_\_\_\_\_  
Children's extracurricular activities..... \$ \_\_\_\_\_  
Church/contributions..... \$ \_\_\_\_\_  
Newspapers, magazines, and books..... \$ \_\_\_\_\_  
Barber and beauty shop..... \$ \_\_\_\_\_  
Life insurance (beneficiary's name: \_\_\_\_\_ ) \$ \_\_\_\_\_  
Disability insurance ..... \$ \_\_\_\_\_  
Recreation/entertainment ..... \$ \_\_\_\_\_  
Children's allowances ..... \$ \_\_\_\_\_  
Union/Professional dues ..... \$ \_\_\_\_\_  
Voluntary retirement contributions and savings deductions..... \$ \_\_\_\_\_  
Family gifts ..... \$ \_\_\_\_\_  
Pet expenses ..... \$ \_\_\_\_\_  
Cigarettes ..... \$ \_\_\_\_\_  
Alcohol..... \$ \_\_\_\_\_  
Extraordinary expenses for you (*list any unusual expenses for yourself that are unique to your family and not listed anywhere else on this form*): ..... \$ \_\_\_\_\_

**Total Miscellaneous Expenses:** \$ \_\_\_\_\_

<b>Total D: Total Of Housing, Utilities, Food, Clothing, Transportation, and Miscellaneous Expenses</b> ..... \$ _____
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**Other Debts:**

*List all debts and installment payments you currently owe and are paying that are not already listed above.*

Creditor Name	Purpose of Debt	Unpaid Balance	Amount of Last Payment	Date of Last Payment	Minimum Monthly Payment

<b>Total E: Total Of Minimum Monthly Payments for Other Debts .....</b> \$_____
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**Total of All Monthly Expenses** *(Add together Totals A, B, C, D, and E, and enter the total here)*..... \$\_\_\_\_\_

***When you file this with this court, do not include any of the enclosures or attachments.  
Those just go to the other party.***

Person Filing: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Representing Self \_\_\_\_\_

**COCONINO COUNTY SUPERIOR COURT**

Petitioner's Name on the Petition for divorce,  
legal separation, or parenting time:

Case Number: DO \_\_\_\_\_

**DISCLOSURE STATEMENT**

**For Divorce Or Legal Separation With  
Children**

Respondent's Name:

\_\_\_\_\_

**My Name:** \_\_\_\_\_

**Today's Date:** \_\_\_\_\_

**Witnesses:** I plan to bring these witnesses if there's a trial in this case:

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Detailed Summary of What They'll Say in Court:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Detailed Summary of What They'll Say in Court:

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**Expert Witnesses:** I plan to bring these expert witnesses if there's a trial in this case:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

What Makes Them an Expert: \_\_\_\_\_

Detailed Summary of What They'll Say in Court:

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Have they prepared a report about what they'll say? ☐ Yes ☐ No

Name of Person Who Has the Report: \_\_\_\_\_

Address of Person Who Has the Report: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

What Makes Them an Expert: \_\_\_\_\_

Detailed Summary of What They'll Say in Court:

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Have they prepared a report about what they'll say? ☐ Yes ☐ No

Name of Person Who Has the Report: \_\_\_\_\_

Address of Person Who Has the Report: \_\_\_\_\_

**Treatment Providers:**

*Fill out this section only if you and your spouse disagree about the children's primary residence or legal decision-making about the children. Otherwise, skip this section.*

My Treatment: During the five years before the Petition was filed, I was treated for psychiatric or psychological issues, anger management, substance abuse, or domestic violence by:

Treatment Provider's Name: \_\_\_\_\_  
Treatment Provider's Address: \_\_\_\_\_  
Start Date of Treatment: \_\_\_\_\_ End Date of Treatment: \_\_\_\_\_

Treatment Provider's Name: \_\_\_\_\_  
Treatment Provider's Address: \_\_\_\_\_  
Start Date of Treatment: \_\_\_\_\_ End Date of Treatment: \_\_\_\_\_

My Spouse's Treatment: During the five years before the Petition was filed, my spouse was treated for psychiatric or psychological issues, anger management, substance abuse, or domestic violence by:

Treatment Provider's Name: \_\_\_\_\_  
Treatment Provider's Address: \_\_\_\_\_  
Start Date of Treatment: \_\_\_\_\_ End Date of Treatment: \_\_\_\_\_

Treatment Provider's Name: \_\_\_\_\_  
Treatment Provider's Address: \_\_\_\_\_  
Start Date of Treatment: \_\_\_\_\_ End Date of Treatment: \_\_\_\_\_

**Affidavit of Financial Information:**

*Did you or your spouse ask for spousal support? [ ] Yes [ ] No*

*Do you and your spouse disagree about child support? [ ] Yes [ ] No*

If either answer is Yes, I'm enclosing a completed Affidavit of Financial Information.

**Property:**

*If you and your spouse do not have any property, skip this section.*

*Have you and your spouse agreed in writing about how to divide your property? [ ] Yes [ ] No*



If No, I'm enclosing the following:

- Copies of all deeds, deeds of trust, purchase agreements, escrow documents, settlement sheets, and all other documents that disclose the ownership, legal description, purchase price, and encumbrances of all real property my spouse or I own.
- Copies of all monthly or periodic bank, checking, savings, brokerage, and security account statements and all electronically stored information about such accounts in which any party has or had an interest during the six months before the Petition was filed and up to today.
- Copies of all monthly or periodic statements and documents showing the value of all pension, retirement, stock option (reflecting grant date, vesting, exercise price, and prior exercises), and annuity balances, including IRAs, 401(k)s, and all other retirement and employee benefits and accounts in which I or my spouse has or had an interest during the six months before the Petition was filed and up to today.
- If a claim for premarital accumulation is made as to a defined contribution plan: Copies of all monthly or periodic statements and documents showing values, contributions, withdrawals, loans, earnings, and losses from the date of marriage to today. If no monthly or quarterly statements are available during this time period, I'm enclosing the most recent statements or documents that list the information.
- Copies of all monthly or periodic statements and documents showing the cash surrender value, face value, and premiums charged for all life insurance policies in which I or my spouse has an interest during the six months before the Petition was filed and up to today. If no monthly or quarterly statements are available for this time period, I'm enclosing the most recent statements or documents that list the information.
- Copies of all documents and all electronically stored information that might help identify or value any piece of real or personal property in which I or my spouse has or had an interest during the six months before the Petition was filed, including any documents that the party may rely on in placing a value on any piece of real or personal property.
- Copies of all business tax returns, balance sheets, profit and loss statements, and all documents and all electronically stored information that might help identify or value any business or business interest for the last two completed calendar or fiscal years and through today about any business or entity in which I or my spouse has or had an interest during the 24 months before the Petition was filed.
- A list of all items of personal property, including, but not limited to, household furniture, furnishings, antiques, artwork, vehicles, jewelry, and similar items in which I or my spouse has an interest, and an estimate of the current fair market value (not replacement value) for each item.

**Debts:**

*If you and your spouse do not have any debts, skip this section.*

*Have you and your spouse agreed in writing about how to divide your debts?* ☐ Yes ☐ No

If No, I'm enclosing the following:

- Copies of all monthly or periodic statements and documents and all electronically stored information showing the balances owing on all mortgages, notes, liens, and encumbrances outstanding against all real property and personal property in which I have or had an interest during the six months before the Petition was filed and up to today. If no monthly or quarterly statements or electronically stored information are available during this time period: The most recent statements or documents or electronically stored information that list the information.
- Copies of credit card statements and debt statements for all months during the six months before the Petition was filed and up to today.

**Children's Primary Residence, and Legal Decision-Making About the Children:**

*Do you and the other parent agree about the children's primary residence and legal decision-making about the children?* ☐ Yes ☐ No

If No, I'm enclosing the following:

- A copy of any past or current protective order, and the petition that asked for it, involving me or my spouse or a member of one of our households.
- The date, description, location, and documentation of any criminal charge against or conviction of me or my spouse or a member of one of our households during the ten years before the Petition was filed.
- The date, description, location, and documentation of any Child Protective Services investigation or proceeding involving me or my spouse or a member of one of our households during the ten years before the Petition was filed.

**Child Support:**

*Do you and your spouse agree about child support?* ☐ Yes ☐ No

If No, I'm enclosing the following:

- Proof of all medical, dental, and vision insurance premiums I've paid for any child listed in the Petition.

- Proof of any child care expenses I've paid for any child listed in the Petition.
- Proof of any expenses I've paid for private or special schools or other particular education needs for any child listed in the Petition.
- Proof of any expenses I've for the special needs of a gifted or handicapped child listed in the Petition.
- Proof of court-ordered child support and spousal maintenance I've paid in any other court case.

**Proof of Income:**

*Did you or your spouse ask for spousal support?* ☐ Yes ☐ No

*Do you and your spouse disagree about child support?* ☐ Yes ☐ No

If either answer is Yes, I'm enclosing the following:

- Proof of my income from all sources, including complete tax returns, W-2 forms, 1099 forms, and K-1 forms, for the past two completed calendar years, and year-to-date income information for the current calendar year, including, but not limited to, year-to-date pay stub, salaries, wages, commissions, bonuses, dividends, severance pay, pensions, interest, trust income, annuities, capital gains, social security benefits, worker's compensation benefits, unemployment insurance benefits, disability insurance benefits, recurring gifts, prizes, and spousal maintenance.

**Future Information and Documents:**

If I learn about new or different information or documents about these topics in the future, I will mail or hand-deliver a copy of it to the other party by 30 days after I learn about it.

My Signature: \_\_\_\_\_